

ctor's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10	Monday 03/08/10	Tuesday 03/09/10	Wednesday 03/10/10	Thursday 03/11/10	Friday 03/12/10	Saturday 03/13/10
Bett,Kate <i>Bett,Walsh</i> Employee Signature	Day: In - Out		045	2045 (4)	2045 (4)	2045 (4)	2045 (4)	310
	Lunch: Out - In		1200	1230		1230	1230	1230
	Outside Duty: From - To				School 30f 840 125			
nent exceptions or comments, indicate type and it.								
han,Annie <i>Ann M.</i> Employee Signature	Day: In - Out		6:45	320	6:45	315	6:45	320
	Lunch: Out - In		1200	1230	1200	1230	1200	1230
	Outside Duty: From - To							
nent exceptions or comments, indicate type and it.								
n, Stacey <i>Stacy Yildiz</i> Employee Signature	Day: In - Out		8:15	4:15	8:40	4:40	7:40	3:40
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30
	Outside Duty: From - To							
nent exceptions or comments, indicate type and it.								SIC 7.5
a,Daniela <i>Daniela</i> Employee Signature	Day: In - Out			6:45	2145	6:45	2:45	6:45
	Lunch: Out - In			1:10	1:40	12:30	1:00	12:15
	Outside Duty: From - To							12:45
nent exceptions or comments, indicate type and it.			SIC 7.5 ✓					

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Employee Name:		Sunday 03/07/10	Monday 03/08/10		Tuesday 03/09/10		Wednesday 03/10/10		Thursday 03/11/10		Friday 03/12/10		Saturday 03/13/10	
Mr. Lisa 000 Employee Signature: <i>Mr. Lisa</i>	Day: In - Out		6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45		
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30		
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and it.														
Mr. Michael 000 Employee Signature: <i>Mr. Michael</i>	Day: In - Out		8:00	4:00	8:00	5:00	7:40	2:40	8:00	4:00	7:50	3:50	7:15	3:45
	Lunch: Out - In		2:35	3:05	2:35	2:50	1:00	1:30	2:30	3:00	1:40	2:10	1:30	2:00
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and it.														
Ms. Nicole 000 Employee Signature: <i>Ms. Nicole</i>	Day: In - Out		7:40	3:50	8:00	3:30	7:30	3:30	7:30	3:30	7:50	3:50	7:10	3:10
	Lunch: Out - In		12	12:30	12	12:30	12	12:30	12	12:30	12	12:30	12	12:30
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and it.														
Ms. Elisabeth 000 Employee Signature: <i>Ms. Elisabeth</i>	Day: In - Out		7:25	5:00	7:25	2:25	7:40	4:26	7:30	3:30	7:30	3:30		
	Lunch: Out - In		11:50	12:30	11:30	12:00	11:30	12:00	11:30	12:00	11:30	12:00		
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and it.														

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Time Log/Program / Area: 2048-- Boston Drug Lab

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Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10		Monday 03/08/10		Tuesday 03/09/10		Wednesday 03/10/10		Thursday 03/11/10		Friday 03/12/10		Saturday 03/13/10	
Is, Gloria 1000 Karin Phillips Employee Signature	Day: In - Out			8:35	4:35	9:00	5:00	8:50	4:58						
	Lunch: Out - In			12:10	12:40	12:10	12:48	12:00	12:30						
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and int.										CMT 7.5		SIC 7.5			
Peter 1000 Cato B Employee Signature	Day: In - Out			7:05	3:05	7:30	1:30			7:30	3:30	7:15	3:15	6:45	2:45
	Lunch: Out - In			12:30	1:00					12-12:30	12-12:30	12-12:30	12-12:30	12:00	12:30
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and int.										VAC 1.5	SIF 7.5			OT 7.5	
Bzowski, Daniel 1000 221 Employee Signature	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	7:05	3:05	7:10	3:10		
	Lunch: Out - In			12:00	1:30	12:45	1:15	12:15	1:45	12:00	1:30	12:00	1:30		
	Outside Duty: From - To			Deadline Sup	5:40	Sup	8:40	12:25							
Employee exceptions or comments, indicate type and int.															
Fiders, Della 1000 Fellowsland Employee Signature	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45
	Lunch: Out - In			1:15	2:15	1:15	1:45	1:30	2:00	1:10	1:40	1:10	1:30	1:00	1:30
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and int.										VAC 3.0		OT 7.5			

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Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10		Monday 03/08/10		Tuesday 03/09/10		Wednesday 03/10/10		Thursday 03/11/10		Friday 03/12/10		Saturday 03/13/10	
Lue, Shirley 000 Employee Signature: <i>DL8</i>	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and detail.		VAC 7.5 ✓		VAC 7.5 ✓		VAC 7.5 ✓		VAC 7.5 ✓		VAC 7.5 ✓		VAC 7.5 ✓			
Zhi 1000 Employee Signature: <i>ZH</i>	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45
	Lunch: Out - In			11:45	12:15	11:45	12:15	11:45	12:15	11:45	12:15	11:45	12:15	11:45	12:15
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and detail.														OT 7.5 ✓	
Mai 1000 Employee Signature: <i>Mai</i>	Day: In - Out			7:45	1:45			8:30	2:30			7:15	1:15		
	Lunch: Out - In														
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and detail.								1 VAC ✓							
Folk 1000 Employee Signature:	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Employee exceptions or comments, indicate type and detail.															

or's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the unit(s) listed."

Time Log/Program / Area: Drug Analysis Lab Boston

Employee Name: Week Ending:

Employee Name:	Sunday	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
John Charles 1000 <i>John Charles</i>	Day: In - Out		930	605			945	605	955	1015	945	600	
	Lunch: Out - In		1200	1250			1205	1255	1205	100	12	1245	
	Outside Duty: From - To												

Ent exceptions or comments, indicate type and

MOSCS
7.5

Employee Name:	Day: In - Out												
	Lunch: Out - In												
	Outside Duty: From - To												

Ent exceptions or comments, indicate type and

Employee Name:	Day: In - Out												
	Lunch: Out - In												
	Outside Duty: From - To												

Ent exceptions or comments, indicate type and

Employee Name:	Day: In - Out												
	Lunch: Out - In												
	Outside Duty: From - To												

Ent exceptions or comments, indicate type and

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 3/13/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: Colalew Date: 3/9/10

Department Head: Julie Karpf Date: 3/9/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lowke	120459	7.5 hrs			
Pete Pieso	138674	7.5 hrs			
Nicole Malina	385766	7.5 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	1481724	7.5 hrs			